



Beneficiary Designation Form

INSTRUCTIONS: Complete all parts of this form and submit to Metro Human Resources. You may name a different beneficiary for your last pension check and any pension contributions or Option D benefits that may be payable at your death. This form will be used for all three beneficiary options noted here. If you wish to name a different beneficiary for each option, you will need to submit a separate form with the appropriate option marked in Part 1. Contact Metro Human Resources at (615) 862-6700 for more information.

PART 1 – Beneficiary Designation Options				
The pension check beneficiary is the person you name to receive your last pension check owed to you for the month in which you die. If you have contributed to the pension plan and you die before your total monthly pension benefit payments equal the amount you contributed and there is no monthly survivor pension benefit owed at your death, then pension contributions may be payable to the person you name. If you are receiving Option D benefits, you must elect a beneficiary to receive any remaining payments at your death.				
<input checked="" type="checkbox"/> Last Pension Check <input type="checkbox"/> Pension Contributions <input type="checkbox"/> Option D Payout (if applicable)				
PART 2 – About You				
Employee/Pensioner's Name:		SSN:	DOB:	
Survivor's Name:		SSN:	DOB:	
Street:				
City:		State:	Zip:	
Metro Department:				
PART 3 – Beneficiary Designation (complete for each beneficiary)				
Name:		SSN:		
Street:				
City:		State:	Zip:	
Date of Birth:	Relationship to you:		Code*:	%:
Name:		SSN:		
Street:				
City:		State:	Zip:	
Date of Birth:	Relationship to you:		Code*:	%:
Name:		SSN:		
Street:				
City:		State:	Zip:	
Date of Birth:	Relationship to you:		Code*:	%:
Name:		SSN:		
Street:				
City:		State:	Zip:	
Date of Birth:	Relationship to you:		Code*:	%:
Name:		SSN:		
Street:				
City:		State:	Zip:	
Date of Birth:	Relationship to you:		Code*:	%:
*Designation codes: A = Primary B = Secondary/contingent (must enter % of benefit; total must = 100%)				
PART 4 – Acknowledgement				
I understand that my signature below is acknowledgment that I am voiding all past beneficiaries and designating the above named individual(s) as my true and correct beneficiary(ies) as of this date.				
Signature:			Date:	
HR Staff Member or Notary Public:			Date:	